

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>LS</i>	<i>32</i>	<i>2/13</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>71971</i>	<i>2/12</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4			
5			
6			
7			
8	✓	✓	
9	N	N	
10	✓	✓	
11	✓	✓	
12	N	N	
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42			
43			
44	N	N	
45	✓	✓	
46	N	N	
47			
48			
49			
50	N	N	

Claim	Final	Original	Date
51	✓	✓	
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56	N	N	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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